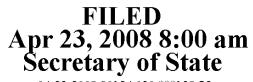
2008 LIMITED LIABILITY COMPANY



ANNUAL REPORT					Secretary of State				
DOCUMENT # L06000097369 1. Entity Name					04-23-2008 90124 030 ***138.75				
STUART MARINE INVESTMENTS, LLC									
Principal Place	e of Business	Mailing Address	<u>-</u>		1	1.00	60027	[221	
15051 PUNTA RASSA ROAD FORT MYERS, FL 33908 US		15051 PUNTA RASSA ROAD FORT MYERS, FL 33908 US		·	•				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
					_{	1840 enn een e) OM OTHE STATE IT	Alf (88 89 LUIS WILLS)	.01.001 (14 1264
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152008	Chg-LLC	; CR2	2E083 (12/06)		
City & State		City & State			4. FEI Numbe 20-5678			⊢—	oplied For lot Applicable
Zip	Country	Zip	Count	iry	5. Certificate of	of Status Des	sired 🔲	\$5.00 Ad Fee Require	
	-6. Name and Address of Current	Registered Agent		Nama	7. Name and	Address of	New Register	ed Agent	
NICHOLS, LARRY J				Name					
8191 COLI 204	LEGE PARKWAY			Street Address ((P.O. Box Numbe	r is Not Acce	ptable)		
FORTMYE	ERS, FL 33919	_		City				Zip Coo	de
The above named entity submits this statement for the purpose of change.						L is the Ctat		<u> </u>	
the obligati	named entity submits this statement to tions of registered agent	or the purpose of changing its	s registere	a office of registe	red agent, or both	n, in the State	or Fiorida.	am tamiliar with	i, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. {NOT	E: Registered	d Agent signature required	d when reinstating)		DA		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						F	Make chec	k payable to	
9.	MANAGING MEMBE	ERS/MANAGERS	10.		<u> </u>		IONS/CHAN		
TITLE	MGR	☐ Delete	TITLE	1		_		☐ Change	☐ Addition
NAME STREET ADORESS	KNIGHT, STEEVEN C 15051 PUNTA RASSA ROAD		NAM! STRE	et address					
CITY-ST-ZIP	FORT MYERS, FL 33909			- ST- ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME	- j					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP					
TITLE -		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAM	l					
STREET ADDRESS CITY- ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAM	,					
STREET ADDRESS City-St-Zip				ET ADDRESS - ST-ZIP					
TITLE		□ Deiete	TITLE	<u> </u>	 			☐ Change	☐ Addition
NAME			NAMI						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAM	1					
STREET ADDRESS City-St-Zip				ET ADDRESS -ST-ZIP					
11. I hereby o	certify that the information supplied with lon this report is true and accurate and	h this filling does not qualify for	or the exer	mptions contained	in Chapter 119, I	Florida Statu	ies. I further c	ertify that the inf	formation
limited lia	bility company of the receiver of truste	e empowered to execute this	report as	required by Chap	oter 608, Florida S	statutes.	managing me	iniper or manag	jei oi uie